

**CONTINUED PROSECUTION APPLICATION (CPA)
REQUEST TRANSMITTAL***(Only for Continuation or divisional applications under 37 C.F.R. § 1.53 (d))*

Address to: Assistant Commissioner for Patents BOX CPA Washington, DC 20231	<i>Attorney Docket No.</i>	102105-CPA
	<i>First Named Inventor</i>	RAPOPORT, Basil
	<i>Examiner Name</i>	S. Ungar
	<i>Group/Art Unit</i>	1642
	<i>Express Mail Label No.</i>	EL215655929US

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. § 1.53 (d),
(continued prosecution application (CPA)) of prior application number **08/482,402**
filed on **06/07/95**, entitled **DISEASE ASSOCIATED HUMAN AUTOANTIBODIES SPECIFIC FOR HUMAN THYROID
PEROXIDASE**

1. ☐ Enter the unentered amendment previously filed on **Filing date** under 37 CFR 1.116 in the prior nonprovisional application.
2. ☐ A preliminary amendment is enclosed.
3. ☐ This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. § 1.53 (d)(4).
 - a. ☐ **DELETE** the following inventor(s) named in the prior nonprovisional application:
 - b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney is enclosed.
5. ☐ An Information Disclosure Statement (IDS) is enclosed:
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations

CLAIMS AS FILED

For	#Filed	Allowed	Extra	Rate	Fee
Total Claims	6	- 20 =	0	X \$18.00	\$ 0.00
Independent Claims	2	- 3 =	0	X \$78.00	\$ 0.00
Multiple Dependent Claims (check if applicable) []					\$ 0.00
BASIC FEE					\$ 760.00
OTHER FEE (specify purpose)					\$ 0.00
(Applicant has small entity status under 37 CFR 1.9 and 1.27) SMALL ENTITY STATUS					--
TOTAL FILING FEE					\$ 760.00

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/(2/98)
Approved for use through 09/30/2000

6. Small entity status:
- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
 - b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. A copy is enclosed.
 - c. ☐ Is no longer claimed.
7. ☒ The Commissioner is hereby authorized to charge and/or credit Deposit Account Number **13-5135**.
- a. ☐ Charge the amount of \$ as filing fee.
 - b. ☒ Credit any overpayment.
 - c. ☒ Charge any additional filing fees required under 37 C.F.R. § 1.16 and § 1.17.
8. ☒ A check in the amount of \$ **1140** to cover
- ☒ filing fee ☐ assignment recordation fee
 - ☒ Extension of Time: ☐ 1-month ☒ 2-months ☐ 3-months
9. ☒ Also enclosed:
- ☒ A copy of the Declaration from the parent application is enclosed.

NOTE:

The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

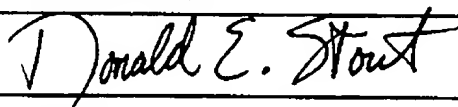
10. NEW CORRESPONDENCE ADDRESS:

Donald E. Stout
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11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name	Donald E. Stout
Signature	
Registration No. (Attorney/Agent)	34,493
Date	2-12-99